

**Minutes of a meeting of the Western Health & Social Care Trust Board held on Thursday, 1 February 2024 at 10 am in the Boardroom, Omagh Hospital and Primary Care Complex**

**PRESENT**

Dr T Frawley, Chair  
Mr N Guckian, Chief Executive

Mr S Hegarty, Non-Executive Director  
Mrs R Laird, Non-Executive Director  
Rev Canon J McGaffin, Non-Executive Director  
Dr A McGinley, Non-Executive Director  
Professor H McKenna, Non-Executive Director  
Dr J McPeake, Non-Executive Director  
Mr B Telford, Non-Executive Director

Dr B Lavery, Medical Director  
Mrs D Keenan, Interim Executive Director of Nursing, Midwifery and AHPs  
Mr T Cassidy, Executive Director of Social Work/Director of Women and Children's Services  
Dr M O'Neill, Interim Director of Community and Older People's Services  
Mrs G McKay, Director of Diagnostics, Cancer and Medical Specialties  
Mr M Gillespie, Interim Director Surgery, Paediatrics and Women's Health  
Ms K O'Brien, Director of Adult Mental Health and Disability  
Mrs K Hargan, Director of Human Resources & Organisational Development  
Ms E McCauley, Director of Finance, Contracting and ICT  
Mrs T Molloy, Director of Performance and Service Improvement

**IN ATTENDANCE**

Mr O Kelly, Communications Manager  
Mrs M McGinley, Chair/Chief Executive's Office  
Mrs P Dunlop, Assistant Director of HR (agenda item 2/24/1 – 11 only)  
Mrs U Cardin, Assistant Director Cancer and Diagnostics & Mrs M Carr, Service User (agenda item 2/24/8 only)

2/24/1

**CONFIDENTIAL ITEMS**

2/24/2

**APOLOGIES**

There were no apologies received.

2/24/3

**DECLARATION OF INTERESTS**

There were no declarations of interest expressed.

2/24/4

**CHAIR'S WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the February Board meeting and noted that Rev Canon McGaffin, Prof McKenna and Mrs Laird were joining the meeting remotely.

- The Chair advised that on 11 January he had a meeting with the Chief Executive of Foyle Woman's Aid, Ms Brown, where constructive discussion took place on a number of issues. He said Ms Brown shared with him the innovative work that is being undertaken in terms of the special court that has now been established to hear matters relating to domestic violence and also the facilities that have been created in the City to both support victims and also to allow all the relevant parties, both statutory and voluntary, to participate in a "joined up approach" to respond effectively to domestic violence. The Chair said this was a very challenging but important area where the Trust will continue to work positively with Foyle Woman's Aid.
- On 12 January the Chair visited the Podiatry Department in the South West Acute Hospital. He said it was a most informative meeting and he was hopeful that at a future workshop the leadership of Podiatry would present an update to the Board on how this service is performing and the challenges it faces.
- On 9 January the Chair advised that he met with Prof McKenna to discuss the Trust's Hospital and Community Ethics Committee. The Chair said they had agreed that the membership might be expanded to include some lay voices as well as a representative from the Chaplain's Committee.
- On 15 January the Chair attended a meeting with Trust Chairs where they developed an agenda that they might work on collaboratively going forward.

- The Chair referred to the very significant industrial action across services including health and social care on 18 January. The Chair said he wanted to acknowledge staff and the Trust's leadership team both in preparing for the day but also in being engaged on the day in ensuring safe care for patients and clients.
- On 23 January the Chair said he met with Mr Coffey, the new chair of the Public Health Agency. The Chair said the Trust is keen to look at health inequalities ranging from isolation particularly in rural areas to loneliness. He said within Derry City and Strabane District Council area there are high levels of deprivation which is an indicator of health need and inequality. The Chair said that Mrs Molloy's team is looking at this and it will come back to Trust Board in due course.

The Chair said Mr Coffey came to the Trust to both detail the current priorities for the Agency but to also examine areas of mutual interest where we might undertake some shared projects. The Chair said he shared his view that one of the big issues that needs to be addressed particularly in relation to the revisiting of the Barnett Formula, is that of deprivation and directly related health inequalities.

- On 24 January the Chair visited the South West Acute Hospital where he met with the Head of Family Services, Ms Meenan. He said this was a very informative meeting where he got a more complete understanding of the work that is being undertaken by the Team and also the very major challenges which are being faced in this challenging and critical area.

Following this meeting, the Chair said he visited Beechlea Children's home where he met with Ms McKeivitt and other senior members of staff along with a number of young people. He said he learned a great deal during the visit and what became very clear was that the work involved in this service area is incredibly challenging and complex. He said as a consequence those who are committed to residential child care daily go above and beyond the specified working hours, often giving up their own personal and family time to support vulnerable young people.

The Chair said he wanted to put on record his appreciation for their dedication. He said he also understood that the Trust's other children's homes were equally worthy of acknowledgement. In addition he said there was also the community of foster parents who do incredibly important work in this complex area and said it was highlighted to him during his visit that the Trust is struggling to recruit adoptive parents. He said this was something the Trust is addressing but again the Trust is dependent on people making this commitment which he understood was not a straight forward one.

- On 25 January the Chair advised that he participated in a meeting of the Chaplaincy Group where the agenda covered a wide range of issues. Again, the Chair commended the work of Mrs Kennan and Mrs Love who are currently both supporting the chaplains in taking forward some significant analysis around the time being allocated to chaplains to meet their responsibilities to a very diverse population in respect of Christian and non-Christian faiths. The Chair also acknowledged the commitment shown by Fr Canny who has indicated his willingness to join the Trust's Organ Donation Committee and Rev Blair and Fr Donnelly who have indicated their willingness to join the Hospital and Community Ethics Committee. The Chair said it was a very constructive meeting and he thanked the chaplains for their continuing contribution.
- On 29 January the Chair said he was pleased to welcome a delegation from the Joint Health Committee of the Oireachtas to Altnagelvin Hospital. He said it was a very positive visit and he was pleased that those who attended from the Oireachtas indicated how impressed they were with the facilities available for cancer and cardiology patients from the Republic of Ireland who are being treated in Altnagelvin. They also acknowledged the quality and commitment of the staff they met particularly the staff's focus on patient centred care and the facilities provided. Importantly the Chair said the delegation also indicated an interest in looking at other services that potentially could be developed for patients from the Republic for whom access to Altnagelvin would significantly reduce travel and journey times.
- On 30 January the Chair advised that he chaired a meeting of the Trust's Organ Donation Committee and said again the work of the Committee was hugely impactful both for families who are waiting for organ donation and also potential donors. The Chair said it was clear from the discussion at the meeting that Dáithí's law is now well embedded and that now after the major publicity around the introduction of a new law, it was important to continue to keep the new arrangements in the public consciousness.

The Chair said there was a very helpful discussion on creating rooms in both Altnagelvin and South West Acute Hospitals for relatives of donors and said he was delighted that Mrs Molloy and Mr Gillespie had agreed to take this work forward.

The Chair said the Committee continues to focus on the challenge presented in securing a commitment from potential donors to donate eyes which can make such a huge difference to a significant number of people who are partially sighted or who have no sight. He said this continues to require attention.

- The Chair advised that following a meeting with Mr Hegarty on 30 January, Mr Hegarty asked him to share the discussion at the Finance and Performance Committee on the 62 day cancer target with Board members. He said in this

discussion the management who had presented asked that the Board consider 3 key areas that are impacting the Trust's ability to meet the 62 day target and should be advocated for by the Board in relation to the development of Specialist/Advanced Non-medical Roles, addressing the inequity of registrar placements and implementing the equalisation of waiting lists.

2/24/5

#### **MINUTES OF PREVIOUS MEETING – 4 JANUARY 2024**

The Chair referred to the minutes of the Board meeting held on 4 January 2024. Following consideration the minutes we proposed by Mr Hegarty, seconded by Mr Telford and approved by the Board as a true and accurate record of discussion at the meeting.

2/24/6

#### **MATTERS ARISING**

The Chairman referred to a number of actions from the last Board meeting.

- In respect of visits to day centres, the Chair advised that these facilities would be included in a schedule of visits which is being developed for him by the Head of Communications.
- The Chair referred to discussion regarding the anomaly in Northern Ireland regarding HSC employers bringing litigation against violent patients and service users. He confirmed that Mr Guckian had written to the DoH to highlight this issue.
- The Chair said Ms McCauley has clarified within the Financial Performance report the narrative regarding independent home expenditure.
- The Chair advised that the presentation given to the Finance and Performance Committee on the 62 Day Cancer Standard will be given to a future Board workshop.
- The Chair confirmed that he has written to the member of staff who led the work in developing the Trust's foster leave provisions.

2/24/7

## **CHIEF EXECUTIVE'S REPORT**

Mr Guckian referred members to a report on critical issues since the previous Board meeting.

### **Hospital and Community Pressures**

Mr Guckian advised members that the Trust remained in a state of serious and sustained pressure across its hospital and community services. He said the Trust was operating at Business Continuity level 3 and had taken “extraordinary measures” across its emergency departments, inpatient wards and community services.

Mr Guckian said both acute hospitals and a range of community facilities were in a highly escalated position and added that on 31 January Altnagelvin Hospital had over 107 people in the Emergency Department, with 38 decisions to admit. In the South West Acute Hospital there were 42 patients in the Emergency Department, with 24 decisions to admit.

Mr Guckian said there were similar pressures in delayed discharges with 49 patients who were medically ready for discharge in Altnagelvin and a further 67 patients in South West Acute Hospital delayed waiting primarily on a care home placement or enhanced care at home. He said given these pressures, teams were continually reviewing patients which often required a change in direction in relation to their discharge pathway from hospital to enable the hospitals to maintain patient flow and getting people the care they need which has been a challenge and continues to be a challenge for the Trust.

Mr Guckian advised members that the Trust has escalated its position to the Regional Coordination Centre and continues to seek support from colleagues across the region where possible and keeping the SPPG updated on the situation.

Mr Guckian continued by outlining that the Corporate Management Team had agreed and implemented additional actions with their teams across hospital and community services. He said the collaboration across all Directorates and teams had led to an improved position at this time, and he wished to thank everyone for this. He said there had been excellent communication, professionalism, collaborative working and support between all staffing areas and he was grateful to everyone for what they had done during these challenging times. He added that everyone must continue to work together, to look after each other and to manage the pressures within all areas and take the necessary actions to keep patients and clients safe.

Mr Guckian asked if staff have any further suggestions which may help with the flow of patients through hospitals or management in the community, to contact their Director.

Mr Guckian said he wanted to acknowledge service users who have been impacted by the current pressures in relation to the responsiveness of our services.

### **Visit by Joint Health Committee of the Oireachtas**

Mr Guckian said he too was pleased to welcome the Chair and members of the Joint Health Committee of the Oireachtas to Altnagelvin Hospital. He said the purpose of the visit was to view some of the services which the Trust provides for residents of the Republic of Ireland, namely cancer services and cardiology services.

Mr Guckian said this was an opportunity to highlight the excellent services being delivered and show how the Trust can assist to address population needs.

Mr Guckian said the Committee was able to meet clinical staff and patients to see first-hand how services are making a difference to patients' lives. Mr Guckian said he was also able to highlight opportunities to further investment in Cardiology due to spare capacity for elective work.

### **Industrial Action**

Mr Guckian said it was extremely important as Chief Executive and Accounting Officer, for him to highlight the industrial action on 18 January. He said this saw one of the most significant days of industrial action that had been experienced to date across public services in Northern Ireland. He said within the Trust a wide range of staff across 10 trades unions took strike action on the day which led to very significant disruption to services across the Trust. Mr Guckian said he wished to apologise to all patients, clients, service users, their carers and family members who were impacted by the industrial action in respect of cancellations and closures.

Mr Guckian said the Trust implemented its business continuity and incident management arrangements to ensure that the Trust managed the impact and ensured that the services that continued to operate remained safe. However, Mr Guckian said as the Trust was not able to guarantee staffing, there was extensive number of service cancellations and closures than what the Trust had during previous periods of industrial action. Mr Guckian said for the first time the Trust was not able to maintain red flag surgery and outpatient appointments and as was the case during previous periods of industrial action the Trust was required to stand down a significant volume of other elective services. Mr Guckian added that the Trust closed a wide range of day centres across Adult Mental Health, Learning Disability and Physical Disability Services and a high volume of domiciliary care was cancelled with a range of other significant impacts on community services.

Mr Guckian said again there was a very significant amount of management time diverted to contingency planning and negotiation of derogations with trade unions. Mr Guckian said the Trust was hopeful that with the anticipated re-establishment of the Executive and the Assembly that the new Health Minister will be able to take steps to resolve the pay dispute.

### **Revised Conflict Bullying and Harassment Policy**

Mr Guckian advised that this week the Trust launched a revised Conflict, Bullying and Harassment Policy within the Trust.

Mr Guckian said as a Corporate Management Team it is committed to the development of an inclusive, compassionate, just and learning culture within the Trust, so that all staff can feel proud to work here.

Mr Guckian said the Trust knows that poor working relationships, unresolved conflict, bullying and harassment can have a detrimental effect on personal wellbeing and the wider working environment, so it is really important that the Trust has clear arrangements to support staff who may find themselves in that position.

Mr Guckian said the revised policy and the arrangements underpinning it have been agreed regionally with other Trusts and with Trades Unions. Mr Guckian commended the policy to Trust Board.

2/24/8

### **PATIENT STORY - UNSCHEDULED CARE, MEDICINE, CANCER & CLINICAL SERVICES**

Mrs McKay welcomed Mrs M Carr, service user and Mrs U Cardin, Assistant Director Cancer and Diagnostics to the meeting and thanked Mrs Carr for attending to share her reflections on her cancer journey.

Mrs Cardin thanked members for the opportunity to join the Trust Board. She said the Macmillan Health and Wellbeing Campus comprises a purpose built Macmillan Centre based on the Altnagelvin Hospital site and is staffed by a Campus Manager and an Admin Support Worker. She advised that the Macmillan Information and Support Service team area is also based at the Campus with outreach information hubs in the North West Cancer Centre, South West Acute Hospital and Omagh Health and Primary Care Complex. Mrs Cardin apologised that the Macmillan Manager was unable to attend today's Board meeting.

Mrs Cardin said the Campus provides information and support to anyone impacted by cancer, both on a drop in basis and by appointment. She said it provides space for a range of individual and group supports as well as a range of other long-term conditions including MS, chronic pain, stoma, alopecia and post Covid syndrome and



chronic respiratory conditions. She added that the Macmillan Information and Support Service, which is a Trust wide service, provides a listening ear, information and signposting to Trust and community/voluntary sector services for anyone impacted by cancer.

The Chair referred to the digital storytelling project and said he watched this yesterday. He said it was very powerful and impactful and all the people involved contributed to it in a rich way. Mrs Cardin advised that Macmillan Cancer Support recently held a regional creative arts exhibition at the MAC in Belfast to mark World Cancer Day on 4 February which included 3 projects produced by service-users at the Macmillan Health and Wellbeing Campus and one by staff at the North West Cancer Centre. Mrs Cardin said she was hoping to secure funding from Macmillan to host a local exhibition of this artwork and she had also invited Cancer Focus NI who hosted a project at the Campus, SWELL Cancer Support Centre (Enniskillen) and Care for Cancer (Omagh) to showcase their projects to make this a Trustwide event. Mrs Cardin said she would share details of the exhibition in due course.

Mrs Cardin invited Mrs Carr to share her story in relation to accessing services through Macmillan.

Mrs Carr explained that her mother who had lung cancer attended the North West Cancer Centre however unfortunately 6 weeks after diagnosis her mother died. She said shortly afterwards she was diagnosed with breast cancer and following her treatment she suffered from depression. Mrs Carr said her Occupational Therapist had referred her to the Macmillan Campus.

Mrs Carr advised that she got lost on the Altnagelvin hospital site trying to find the Campus and suggested signposting could be improved for other service users. Mrs Carr said she had used the invaluable services of Macmillan over the past number of years and had particularly enjoyed a range of complimentary therapies. She said the Campus was an ideal place to wait between hospital appointments as it saved you having to go to the Café which she found unwelcoming because of its busyness and costs involved.

Mrs Carr said her partner also availed of counselling and her daughter had participated in an art project for children and young people impacted by cancer. Mrs Carr said the services provided by the Campus had helped her and her family so much and she was delighted to take part in the storytelling project. Mrs Carr commended all the staff in the Macmillan Campus and said it was a very welcoming facility with lovely staff.

The Chair thanked Mrs Carr for sharing her story and acknowledged the huge impact Macmillan has made to patients.

Mrs Cardin advised that Covid had challenged the Macmillan team to embed itself with the clinical team to support the person diagnosed with cancer and their family.

She said she will work with estates on improving sign posting and that the future plan is to reinstate volunteers in each of the Macmillan hubs to help navigate patients.

The Chair thanked Macmillan for its support and for providing these invaluable services. Mrs Carr also thanks Cancer Focus NI and SWELL for their support also. Mrs Cardin referred to the MISS outreach hubs in Omagh Hospital and Primary Care Complex and South West Acute Hospital. She said these hubs provide invaluable support and information and said that unfortunately staffing these hubs with volunteers was currently a challenge but work is being done. Mrs Cardin said the Trust works collectively with other charities and community organisations such as Derry Well Women, Cancer Focus NI and SWELL and there are regular meetings to consider feedback and to be proactive to enhance services and planning together.

Dr McGinley recognised the importance of arts and referred to the positive work in Omagh and Fermanagh. Mrs Cardin confirmed that SWELL is a very interactive partner with the Trust.

Mrs Carr said she had a very positive experience with the Health and Wellbeing Campus and that she hoped to volunteer in the future.

The Chair closing the presentation said the legacy was the video which provided a powerful statement, highlighting partnerships and keeping everyone connected and focussed on delivering services.

Mrs McKay thanked Mrs Cardin and Mrs Carr for joining the meeting and invited Trust Board to visit the Macmillan Centre at a convenient date.

2/24/9

### **CORPORATE RISK REGISTER**

Dr Lavery referred members to the Trust's Corporate Risk Register which has 22 risks as approved by Trust Board at its meeting on 4 January 2024. He advised that there were proposed material changes to the register for members' consideration and approval.

Dr Lavery proposed to members an enhanced risk rating for risk ID1487 and a de-escalation of risk ID779 to the HR Directorate risk register. He also shared with members a proposed new risk in relation to the escalation of fire risk ID01 from the Performance and Service Improvement Directorate risk register to the Corporate Risk Register.

Dr Lavery advised that all risks and action plans had been updated within the past quarter and confirmed as proposed at the last Board meeting, an additional date column had been added to the register.

Mr Telford referred to the escalation of risk ID01 and sought clarification on who has responsibility for fire safety within the South West Acute Hospital. Mrs Molloy advised that as the South West Acute Hospital is a PFI hospital, it is the PFI provider who has responsibility. She said the provider has undertaken a series of independent fire testing and the Trust is awaiting the final report. Mrs Molloy assured members that the PFI provider has acknowledged the defects.

Rev Canon McGaffin referred to risk ID779 and asked was the Trust expecting the current challenges to be resolved in the near future. Mrs Hargan explained that until the current system, HRPTS, is replaced, she did not have confidence that issues would be resolved. She said while the proposal is for the risk to move to her Directorate Risk Register the risk could potentially be escalated again into the future. Rev Canon McGaffin asked would HRPTS be replaced. Mrs Hargan advised that a new regional system was in development and said while a full business case had been approved the HR element of the system was not anticipated to be available until October 2026.

The Chair referred to a number of abbreviations throughout the paper and said a glossary of terms would be helpful for members. Mrs Hargan said this was in development and that she would arrange for this to be completed and shared with members as soon as possible.

Following consideration members approved the proposals as outlined by Dr Lavery.

2/24/10

### **INFECTION PREVENTION AND CONTROL UPDATE**

Dr Lavery referred members to an update in relation to Infection Prevention and Control.

Dr Lavery advised that the DoH had issued healthcare-associated infection (HCAI) reduction targets for 2023/24 following a 3 year hiatus due to the Covid-19 pandemic. He said for Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia, the Trust's target is 6 cases which is a reduction of 1 case compared to the 2022/23 baseline (7 cases). He added that the Trust's reduction target for *Clostridium difficile* (*C. difficile*) associated disease is 71; a reduction of 10 cases compared to last year's baseline (81 cases).

Dr Lavery said given the challenges associated with reducing healthcare-associated gram-negative bacteraemias (GNBs) to date, specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*, the DoH had decided not to set a target for 2023/24, rather Trusts are being encouraged to minimise risk factors for GNB infections where possible.

Referring to the Trust's *C. difficile* performance, Dr Lavery advised that year to date 27 cases of *C. difficile* had been reported, with 18 of these cases being classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital. Dr Lavery said the remaining 9 cases were classified as community-acquired as the patients presented with symptoms within a 72-hour period after admission.

Dr Lavery said the PHA releases regional comparator information on a quarterly basis and said the most recent data available covered the period up to end of September 2023. He said this data demonstrated that for the period July-September 2023 the Western Trust had the lowest number of *C. difficile* cases in Northern Ireland, with only 5 cases of the 102 cases being in the Western Trust, the best performance in Northern Ireland. Dr Lavery also referred members to performance against the *C. difficile* care bundle and care pathway audits.

Continuing, Dr Lavery advised that since the beginning of April 2023, 1 MRSA bacteraemia case had been reported which had been categorised as community-associated as it occurred less than 48 hours after admission to hospital. Again, Dr Lavery referred to regional comparator information and said of the 16 cases reported across Northern Ireland for the period July-September 2023, the Western Trust had 1 case, the joint best performance in Northern Ireland.

Dr Lavery advised that as of 19 January 2024, 39 healthcare-associated GNB cases had been reported.

Referring to MSSA, Dr Lavery advised that while there was no reduction target associated with MSSA bacteraemia for 2023/24 surveillance remained mandatory. He advised that so far this year the Trust had reported 32 cases. Referring to regional comparator information Dr Lavery said of the 126 cases reported for Northern Ireland during the period July – September 2023, the Western Trust had 9 cases, again the best performing Trust in Northern Ireland.

Dr Lavery continued by referring to IPC induction and mandatory training. He said training was delivered online via an e-learning programme which had been developed regionally for use by all health and social care organisations. Dr Lavery said in the period April – December 2023, a total of 2,538 staff completed the training. He said the attendance target for each year is 50% of the total number of staff who require training and for the 12 months ending December 2023, the number trained was 26.29%, 23.71% less than required. Dr Lavery said attending IPC training is required on a biennial basis, and when the attendance rate over a 24 month period has been calculated as at end of December 2023, attendance had been 53.84%.

Dr Lavery referred to *pseudomonas* and advised that since the beginning of April 2023, 1 *pseudomonas* case had been reported, which had been categorised as healthcare associated.

Dr Lavery continued by referring to hand hygiene compliance and advised that the Trust's overall average self-reported hand hygiene score was 65% when non-submission areas were included. However, Dr Lavery advised that when adjusted for non-submission areas, the Trust's overall self-reported hand hygiene score improved to 100%. Dr Lavery assured members that the hand hygiene dashboard has been circulated to Directors for action through their governance arrangements. He added that it was important to note that scores from independent audits conducted by the IPC team and lead nurses tended to be lower than self-reported scores.

Concluding his report Dr Lavery referred to critical care device-associated infection surveillance. He advised that there had been no infections in the Trust in over 5 years with the most recent infection recorded as a ventilator associated pneumonia which occurred in 2018 in Altnagelvin Hospital.

Dr Lavery commended his report to members and congratulated the Infection Prevention and Control team on all their hard work. He said this would be his last report on IPC as the IPC Team is moving to the Professional Nursing, Midwifery and AHP Directorate.

The Chair welcomed the regional benchmarking information and asked that the IPC Team is acknowledged for its hard work. Mr Guckian said he would write to the Head of IPC to acknowledge the outstanding performance of the team.

The Chair referred to mandatory training and said even when numbers were considered over a 2 years period, they were still relatively disappointing. Dr Lavery acknowledged this and said efforts were being made to try and improve this outturn.

Dr McPeake said he was very impressed by the report and the quality of information provided. He asked was mandatory training for nurses only. Dr Lavery advised that it was for any member of staff who meets patients for example Allied Health Professionals, Chaplains and visiting Consultants. Dr Lavery said that some clinical teams have suggested that consideration should be given to providing the number who have attended for each staff group but this was still in discussion.

Dr McPeake asked given the Trust's new vision, is every member of the Corporate Management Team up-to-date with their mandatory training. Mr Guckian said he would be happy to raise this at his next update with his Directors to secure this assurance.

Dr McPeake said Board members also have mandatory training requirements and asked should Board members, because they undertake leadership walkrounds to clinical wards, undertake hand hygiene training. It was agreed that advice would be sought from Mrs Keenan.

Prof McKenna welcomed the report and said hand washing was the first skill professionals learn and that he was sure the Trust could improve performance in this area. Mrs Keenan advised that wards are subject to peer reviews by the IPC Team and she suggested that this performance is included going forward so that members can see ward self-reporting audit result alongside IPC audit results for comparison purposes.

2/24/11

### **TEMPORARY SUSPENSION OF EMERGENCY GENERAL SURGERY – SOUTH WEST ACUTE HOSPITAL – UPDATE**

Mr Gillespie provided members with an update on the temporary change to Emergency General Surgery at South West Acute Hospital for which the Trust now has 1 year's data. Mr Gillespie said the infographic within papers showed daily movement of patients for the 12 month period.

Mr Gillespie advised that there was an increase in the number of patients attending the Emergency Department monthly at South West Acute Hospital. He said there was an increase in ambulance activity at Altnagelvin Hospital as anticipated from the temporary change and his report outlined an increase in 'walk in' patients from local government districts of Fermanagh and Omagh.

Mr Gillespie advised that across the year the report detailed 140 ambulance attendances at Craigavon from Fermanagh and Omagh postcodes with 80 patients admitted. He said ongoing dialogue with Southern Trust colleagues continues in relation to this. Mr Gillespie said the Trust planned for 4-5 patients being admitted to Altnagelvin from the South West Acute Hospital each day following the temporary change however the data analysis indicated that 2 patients per day were being admitted. Mr Gillespie said this decrease was believed to be due to the availability of ambulatory surgical services being developed at SWAH prior to the temporary change. Mr Gillespie said this service provided direct access to the hospital for GPs Monday to Friday 9 am to 5 pm.

Mr Gillespie provided members with a brief of activity at the Elective Overnight Stay Centre. He said this demonstrated the Trust was ahead of its planned trajectory and was delivering 17 sessions of the 19.5 commissioned sessions. Members were advised that the Permanent Secretary visited the Elective Overnight Stay Centre in December to acknowledge the work done in the Centre and he also commended the work developed by the Trust on data analytics.

Mr Gillespie advised that the South West Acute Hospital was a key part of rebuild and that it provided a positive trajectory in respect of general, breast, gynae, paediatric and dental surgery for paediatrics.

Mr Gillespie said the infographic within members' papers will continue to be updated quarterly and brought to Board for members' information and will also be published on the Trust's website. Mr Gillespie advised that the Trust's Project Board continues to meet regularly and that the quality of care is examined through Care Opinion.

Mr Gillespie advised that the Trust's waiting list for gynae surgery was a huge issue for the Trust and that it was reassuring that Western Trust gynae patients were being seen in the EOSC. He said he was also pleased to note that SWAH had now a fully staffed obstetrics unit which had not been the case for a long time. He added that the Western Trust will continue to ensure that it gets an equitable share of theatre capacity within the EOSC for Western Trust patients.

The Chair commended the infographic which he felt was very effective in providing accessible information around the implications of the temporary closure of general surgery at South West Acute Hospital.

Dr McGinley advised that she would like to meet Mr Gillespie to discuss the infographic in greater detail. She alluded to the 4,000 people now not going to the South West Acute Hospital and wondered if this put additional pressure on ED at Altnagelvin Hospital. She also suggested that residents from Fermanagh and Omagh were no longer going to ED because it was believed in the community that there was no point. Dr McGinley said she felt there were significant issues with the current arrangements which included the clinical pathways and people from outside the jurisdiction attending SWAH. The Chair said that it would not be unusual for people to travel to other EDs and said people travel to Omagh instead of attending Altnagelvin Hospital.

Dr McGinley referred to elective surgery and said she believed there was still capacity in SWAH. She asked that in light of the political landscape would it not be prudent for the Trust to have business cases ready to expand the potential of the hospital. Mr Guckian said he accepted the rationale in doing this but said there would be workforce issues in relation this.

Mr Telford referred to recent communications regarding attending ED and asked how the Trust communicated with the population who are not on social media. Mr Guckian said that messaging is agreed across the region and said there was a balance in that we do not a situation where a patient does not come to ED when they should.

Mr Telford referred to media enquiries and a recent Panorama programme regarding maternity services in England. Mr Guckian said the Findings Report on the temporary change to emergency general surgery detailed the significant number of media enquiries. Mr Guckian agreed to share the Findings Report with Dr McGinley and Mr Telford.

Discussion continued on the publication of the “Getting it Right First Time” (GIRFT) report by the Department of Health on gynaecology services and the reference to maternity services at the South West Acute Hospital. Mr Guckian advised that the report had not been shared with the Trust in advance of it being published however he wished to advise members that the Trust fully accepted that gynaecology waiting lists are unacceptably high. Mr Guckian said he would like to reassure the public that there are no threats to maternity services at SWAH and the Trust remains entirely committed to a full maternity service provision at the hospital. He added that as part of that commitment to first class maternity care to mums and babies, the Trust had further strengthened both the medical and midwifery permanent workforce in the South West Acute Hospital in recent months. Dr McGinley asked if a press release had been issued by the Trust on the report and Mr Guckian advised that given it was a DoH report, it was leading on this.

The Chair said while the DoH is the principal partner, both organisations need to work together to share information that potentially can cause media attention. He said he would raise this report for discussion at the Trust’s mid-year accountability meeting and in addition Trust officers will raise this through their regular meetings with DoH officers.

Dr Lavery commended Mr Gillespie on the recent recruitment to the Obstetrics and Gynae service in SWAH. He stressed the importance of highlighting to the local community all the services provided at South West Acute Hospital as he felt too much focus was on emergency surgery. He said the hospital provides 95% of what the local population needs and the hospital assists both Altnagelvin and Craigavon Hospitals at times of peak pressures. Dr Lavery said SWAH also receives ambulances from across Northern Ireland.

Dr McGinley asked if this information could be added to the infographic. The Chair agreed that this would make the statistics very powerful.

Mrs Laird endorsed Dr Lavery’s comments and the quality of information presented. She said she would encourage the Team to continue to keep the Board informed on the challenges within the hospital.

2/24/12

### **BOARD GOVERNANCE SELF-ASSESSMENT 22/23**

Dr Lavery referred members to the Board Governance Self-Assessment for 2022/23. He advised the DoH provides an extensive self-assessment tool to help Arms Length Bodies to improve the effectiveness of their Boards and provide Board members with assurance that it is conducting its business in accordance with best practice.

Dr Lavery said within members’ papers were a briefing paper supported by a draft Board Governance Self-Assessment for 2022/23 and a self-assessment tool



evidence list for 2022/23. He said the Board is obligated to review and complete a self-assessment which includes first the completion of the self assessment; secondly discussion of RAG ratings at a formal Board meeting; and thirdly approval of the self-assessment by the ALB Board and signed off by the ALB Chair.

Dr Lavery advised the self-assessment and evidence record had been drafted on behalf of the Board with input from the Corporate Governance Team, Patient Safety and the Office of the Chief Executive. He said that as a consequence of sickness absence in the Corporate Governance Team in the early part of 2023/24, the completion of this exercise had unfortunately been delayed.

Dr Lavery referred to the Self-Assessment and said the evidence list illustrated an extensive range of 113 items of evidence which supported the draft assessment across the categories outlined in the tool. He said members could draw assurance from the extensive record of the extent to which good practice is in place and which contributes to the largely “Green” RAG rating.

Dr Lavery said members would note that only 4 “red” flags were identified as part of the assessment which related to the 2 Non-Executive vacancies on the Board, the potential adverse impact of these vacancies to the operation of Committees and the potential adverse impact in the absence of effective staggering of NED appointments. Dr Lavery said actions were noted against these areas in the main report referring to the actions undertaken by Board Chairmen in communicating and escalating the issue to DoH.

Dr Lavery said members could also draw assurance that during the 2022/23 period, Internal Audit had completed an audit on Board Effectiveness. He said the Trust received a “Satisfactory” outcome with 2 Priority 2 recommendations, 1 of which centred around the potential adverse impact on Board performance of the 2 NED vacancies and the other relating to Board insight to patient and service user experiences. Dr Lavery said both of these actions were now closed.

Dr Lavery said given the very positive outcome summarised in relation to the draft assessment and with the independent assurance provided by Internal Audit, it was regrettable that the Board review for 2022/23 was not completed at an earlier stage of 2023/24.

Dr Lavery said with the draft self-assessment having been completed and on the basis of the factors noted, members were asked to consider the merit of undertaking a discussion of RAG ratings and thirdly approval of the self-assessment by the ALB Board and signed off by the ALB Chair.

Dr Lavery asked members to highlight any observations or concerns in relation to the draft assessment of RAG ratings for the 2022/23 draft assessment. He proposed that he would bring forward to the March 2024 Trust Board meeting the 2023/24 draft assessment for members’ consideration against the actions noted above. He said

any highlighted concerns from the 2022/23 draft assessment could be brought forward to the 2023/24 draft assessment and included in the development of an associated action plan.

Dr Lavery advised that members are also required to consider a mini case study and it was being proposed to use the temporary suspension of Emergency General Surgery at the South West Acute Hospital for this purpose. He said this was a strategic change issue which the Trust has been managing across both 2022/23 and 2023/24 financial years, and it served this purpose well. Dr Lavery added that a walk through of the case study at the March Board meeting would support the Board's considerations of the 2023/24 draft assessment and support the development of an action plan for the year ahead.

Dr Lavery said the proposed 2022/23 action plan was included in papers for reference and consideration of action status to date.

Continuing Dr Lavery said the evidence file from the 2021/22 year had been reviewed and updated for 2022/23 and advised that new evidence had been added.

The Chair said it was regrettable that the Assessment had not come to Board sooner but he accepted the clear explanation on the absence of a critical member of staff. He said he noted the assertion in the paper around the evidence provided which he felt was very comprehensive and reassuring.

The Chair asked members for comments.

Dr McGinley sought clarity in respect of the independent audit and she was advised that the independent audit had been undertaken by Internal Audit in 22/23 and had received a rating of "Satisfactory".

Dr McPeake referred to the good practice notes throughout the Self-Assessment Tool and felt that some of these were not undertaken. He referred for example to personal development plans for Non-Executive Directors. Similarly, Dr McGinley referred to Board engagement and involvement and said the good practice notes suggested in respect of Board profile and visibility, NEDs routinely meet stakeholders and service users.

Mr Telford referred to the reference on Board induction and said that the self-assessment advised that this should be undertaken within 3 months. Mr Telford said this was inconsistent within his letter of appointment which states that this should be undertaken within 6 months.

Following consideration members' approved the Board Governance Self-Assessment for 2022/23 and the Self-Assessment tool evidence list for 2022/23 and proposed way forward with regard to 2023/24.

2/24/13

## **QUALITY IMPROVEMENT MONITORING REPORT – FALLS**

Mrs Keenan referred members to the third quarterly Quality Improvement Monitoring Report in respect of Falls for the period October – December 2023.

Mrs Keenan advised that in quarter 3 there had been an increase in the number of falls reported within Trust inpatient settings with 494 falls reported compared with 445 falls reported quarter 2. She said the median number of falls reported within Trust inpatient settings in quarter 3 was 156.

Mrs Keenan explained that the increased incidence of falls in inpatient settings during quarter 3 was a pattern seen in previous years data and may be linked to the increased numbers of patients living with frailty admitted to hospital with infections associated with winter illnesses. She added that there has been active engagement with teams to report falls and that the overall Trust compliance with the Fallsafe Bundle for December 2023 was 95% for both Part A and Part B.

Mrs Keenan assured members that the Falls Collaborative reviews all moderate and above falls and learning is shared across teams through the Slips, Trips and Falls Group. She said the Accountability and Assurance Committee meetings have commenced and Falls is one of the issues discussed with the Assistant Director and Service Leads.

The Chair thanked Mrs Keenan for the analysis which he found helpful and open. He said it was important to capture this information in recognition that a fall can end in serious injury.

Dr McGinley referred to the Palliative Ward in Omagh Hospital and Primary Care Complex. She sought clarity that for some months there were no falls recorded. Mrs Keenan advised that there had been some technical issues with recording which had now been resolved.

Mr Telford referred to the Fallsafe Bundle data and said this provided reassurance. Mrs Keenan advised that consideration was being given to the Key Performance Indicators to ensure the correct issues are being monitored.

The Chair thanked Mrs Keenan for her report and said this work provided falls with a visibility that it might not otherwise have.

2/24/14

## **STANDING ORDERS – UPDATE**

The Chair advised that this item had been deferred to a future date.

2/24/15

## **FINANCIAL PERFORMANCE REPORT FOR MONTH ENDING DECEMBER 2023**

Ms McCauley reported to members the Trust's financial performance report for the 9 month period ending 31 December 2023.

Ms McCauley advised that in her previous report she had advised that during January she would undertake a comprehensive review of the Trust's end of year forecast, including expenditure and income trajectories and other assumptions. Ms McCauley said she was pleased to confirm that while there had been an increase in expenditure in month 8, this did not necessitate any change to the Trust's end of year forecast and the figures she would report today offered further reassures of this position.

Moving to the content of the report, Ms McCauley reported that against the Trust's statutory duties she was noting a red RAG rating against revenue breakeven but asked members to note that the Trust remained on target to achieve against capital budget breakeven against the budget of £31m as well as being at 95% in relation to Prompt Payment duty, albeit that sickness absence in the Nurse Bank Office was creating a challenge to this.

Moving to Table 2, Ms McCauley advised that the Trust was reporting a deficit of £8.6m for the period and said Directors continued to remain focused on delivering against the key assumptions of the financial plan, especially in respect of run rates of expenditure and savings targets.

Ms McCauley said members would note from Table 5 that at Directorate sub-total level, expenditure had reduced from a variance of 3.4% to 3.3% during this month and that most Service Directorates had been able to contain and in some cases reduce run rates. Ms McCauley said this was a positive position demonstrating grip and control of budgets where it was possible. At the bottom line, Ms McCauley said the Trust's deficit variance remained at 1.2% consistent with the prior month.

Ms McCauley assured members that there were no new emerging financial pressures to report in this period, and that the financial pressures she had reported to date remained the areas where the Trust must continue to exercise greatest focus.

In relation to flexible payroll expenditure, Ms McCauley noted a marginal improvement of 0.1% for the Trust with total expenditure at £64m for the year to date of which £46m related to agency expenditure, £15m related to bank and £3m related to overtime.

Ms McCauley referred members to table 4, medical agency, and said this demonstrated a downward trend emerging since October in relation to medical agency costs. She said the Trust's data analysis indicated an average increased

dependence on medical agency of 10% in this year with a cost increase of 17% and said perhaps the most concerning statistic was that the Trust's requirement for consultant cover had increased by 37% in terms of cost. However, Ms McCauley reminded members that the Trust has a number of work streams in place as part of its "Delivering Value programme" in relation to medical costs which are starting to yield positive results, and which are contributing to this downward trend.

Ms McCauley referred to tables 5 and 6 and said these tables confirmed the current position in relation to nurse agency expenditure. She said the Trust was seeing a reduction in nurse agency expenditure of 12.7% in comparison to the prior year and advised that this sustained reduction in cost was due to a shift to utilise only contract agency. However, Ms McCauley said the Trust had experienced an increase in other nursing expenditure of 3% in both acute hospital and mental health inpatient sites, both of which are challenged by issues of capacity against demand and patient and client complexity.

Ms McCauley said the most significant unfunded growth in non-pay budgets this year related to the Independent Sector residential and nursing homes budgets with expenditure having increased by almost 9% year to date due to a combination of both price and demand factors. Ms McCauley said there was a point of clarification in the narrative in this month's report in relation to the regional review of Independent Sector provision and price. She said the regional report was formally received by the Trust at the end of December 2023 and the covering letter to the Trust indicated that SPPG would intend to inform actions through the regional Delivering Value Programme and that a regional workshop was being planned to consider the report's recommendations. However, Ms McCauley said the Trust is also considering its own position and the actions that it needs to take and in this regard a briefing was provided to the Corporate Management Team earlier in the week by Dr O'Neill.

Ms McCauley continued by referring to savings targets and said she was very pleased at month 9 to be reporting that total savings of £14.6m which included cash savings delivered by Directorates of £8.8m. She said these were hard won savings for Directorates at a time where funding was very constrained and services so challenged.

In summary Ms McCauley reported a financial deficit for the Trust of £8.6m at month 9 and gave members assurance that the Trust's year end deficit would be £11.4m. She said following discussion at CMT, Directors had agreed to make no new avoidable financial commitments between now and the end of the financial year in order to secure this position. However, she said the Trust would watch with interest to understand the extent to which the financial package for Northern Ireland might enable a different reporting outcome for the Trust at 31 March.

Ms McCauley advised she provided this brief to the Finance and Performance Committee earlier in the week. In addition she said she also shared with the Committee the BSO Internal Audit report on Budgetary Control in the Trust 2023/24

and said members would be reassured to know that this report provided a “Satisfactory” assurance with only 1 Priority 2 and 2 Priority 3 recommendations.

Ms McCauley said this was a significant performance indicator for the Trust and to have this independent assessment of a satisfactory level of assurance in relation to the effectiveness of existing arrangements including budget setting, management at departmental and corporate level, budget holder responsibilities and training, forecasting and savings.

In addition, Ms McCauley said the performance reporting through Trust Board, Finance and Performance Committee, CMT and Finance Focus meetings was also tested as part of the Audit together with testing of the internal arrangements for budgetary control in 2 service Directorates - Children and Families Directorate and Diagnostics, Cancer and Medical Specialties Directorate. She added that this was particularly noteworthy in a year in which the DoH and SPPG have been requiring Trust reassurances about its internal control environment and the actions which the Trust has taken to manage its budgets effectively.

The Chair thanked Ms McCauley for her informative report particularly given the current financial position. He said locum expenditure continued to be an issue for the Trust however he wished to commend all staff for this outturn and he asked Mr Guckian to communicate this to Trust management and staff.

2/24/16

### **BANK MANDATE – UPDATE**

Ms McCauley reminded members that the Bank of Ireland is contracted for HSC banking services and has been re-awarded the contract from 1 February 2024. She said the Trust is now required to complete the Unincorporated Organisations Business Account Application Form. Ms McCauley said the existing Trust mandate will continue to apply in the interim, however, the Financial Accounting Team, subject to approval by Trust Board, will commence preparation of the form for approval and submission to Bank of Ireland as quickly as possible.

Ms McCauley said Section 4 of the Form is the Business Account Mandate which requires completion by members of Trust Board and the authorised signatories in the administration of the Trust bank accounts. She said the area relevant for completion by members of Trust Board is Section 4a – Non Personal Officers/Committee Members and in discussions with the Bank, an alternative arrangement had been agreed for ease of administration. Ms McCauley said instead of Trust Board members being required to individually complete and submit the detail outlined in Section 4a, the Bank will accept a letter from the Trust, signed by 2 Directors, requiring the following detail only for Trust Board members – name, date of birth, postcode and country of residence.

Ms McCauley said the requirement for Trust Board members to provide individual identity evidence has also been waived for all but 2 members, the signatories to the letter. She added that the identification evidence will have to be certified by an appropriate person and that a Trust professionally qualified accountant who is not on the mandate can fulfil this role.

Ms McCauley said Section 4b of the Form will be completed in full by all other approved signatures to the existing mandate. She added that the Bank of Ireland has agreed that it will accept the information and approval of the Chief Executive in place of the Chairperson/Secretary requirement for the Resolution as set out in detail on page 6.

Ms McCauley advised that the Bank of Ireland has provided a copy of its Privacy notice in relation to retention of personal information, a copy of which was issued with members' papers and she said as advised by the Trust's Information Governance lead, the sharing of this information with Bank of Ireland requires individual Trust Board member's permission.

Going forward, Ms McCauley said the Bank is content that changes only to the named individuals in Sections 4a or 4b are required to be notified to them. She added that a briefing paper will be submitted to Trust Board when this is required using the existing process for bank mandate amendments approval.

Concluding her briefing Ms McCauley sought Trust Board members' approval:-

- to provide permission, as required by the Trust Information Governance Framework, that the personal data collected for the purposes of the bank mandate can be shared with Bank of Ireland.
- If permission, is given she would ask members to provide the personal information requested to the Chief Executive's office.
- Members to confirm their approval of these arrangements and approval that the Chief Executive has authorisation to approve the mandate and the passing of the Resolution outlined in the Unincorporated Organisations Business Account Application Form.

Following consideration Trust Board unanimously supported the proposals as outlined above.

Mr Telford and Mr Hegarty offered to sign the Business Account Application Form if required.

2/24/17

## **FINANCE & PERFORMANCE COMMITTEE**

### **17.1 Minutes of Committee meeting held on 31 October 2023**

Mr Hegarty referred to the minutes of a meeting of the Finance and Performance Committee held on 31 October. He said a verbal update had been previously given to Trust Board members.

### **17.2 Verbal report from Committee meeting held on 30 January 2024**

Mr Hegarty advised members that Committee met on 30 January. He said Committee considered in detail and received assurances on the Performance Management Report for quarter 3, October – December 2023. He said the Committee was also given a detailed brief on the Trust's Financial Performance report for the 9 months ending 31 December. Mr Hegarty said the Committee was given the opportunity to ask questions and seek further clarification on these reports.

Mr Hegarty also advised that the Committee was briefed on the Internal Audit report – Western Trust Budgetary Control 2023/24 and an update was provided to the Committee on the Trust's Delivering Value Programme.

Mr Hegarty said he was proud of the work completed in respect of the audit verification of budgetary control and he passed on his personal congratulations to Ms McCauley and the Corporate Team.

2/24/18

## **PERFORMANCE REPORT – QUARTER 3**

Mrs Molloy referred members to the quarter 3 performance report for the period October – December 2023 which provided an update for hospital and community services. She said information was provided on the Trust's performance against targets set out in the 2023/24 HSC Service Delivery Plan and access targets within the Ministerial standards, as set out in the last Commissioning Plan Direction.

Mrs Molloy advised that there were a number of changes to the Trust's baseline against which targets had been enhanced. She said there had also been investment and there was also an uplift in these areas.

Mrs Molloy advised that in quarter 3 the Trust's performance was reported against 64 metrics and of these 44% were assessed as "red", 11% were assessed as "amber", 44% were assessed as "green" and 1% were not RAG assessed as performance information was unavailable at the time of the performance report being developed. Mrs Molloy advised that while the Trust did not have the lowest number



of “reds” across the region, the Trust did have the lowest number of unacceptable areas, as assessed by SPPG Performance Lead, and reported to the DoH PTEB.

Mrs Molloy outlined the service areas where the cumulative quarter 3 performance had met or exceeded, almost met or did not meet baseline activity targets set by SPPG, including the RAG assessment across hospital and community services.

Commencing with hospital services Mrs Molloy advised that in respect of this standard that all urgent suspected breast cancer referrals should be seen within 14 days, the Trust’s performance had remained strong with 100% achieved against the 100% target. In relation to the 31 day target Mrs Molloy said the Trust’s performance remained strong against the target with it being achieved in 6 of the past 9 months April – December 2023, with December’s performance being 100%. Mrs Molloy referred to the 62 day target and said, the Trust’s performance in December was 41%. Mrs Molloy said the Trust’s performance remained challenged with the target not being met during quarter 3, and that access against the 62 day cancer pathway is challenged across the region.

Mrs Molloy referred to red flag completed waits. She said the cumulative number of closed waits completed during quarter 3 was above target, with performance being well above the target.

Moving to elective care outpatients’ activity, Mrs Molloy advised that activity delivered had significantly increased in quarter 3. She said the cumulative new outpatient activity delivered reflected 101.9% of the target, review outpatient activity reflected 104.9% of the target and that Elective outpatients had now moved from Red to Amber status in quarter 3.

Mrs Molloy advised that despite this activity level, the numbers of patients waiting longer than 9 weeks is 61,275, and has continued to rise due to demand.

Mrs Molloy continued by referring to elective care inpatient and day case activity and said the inpatient and day case activity further improved during quarter 3 with the highest level of delivery achieved this year to date. Mrs Molloy said the cumulative inpatient activity delivered during quarter 3 reflected 99% of the target and this was a considerable milestone given the efforts made to fully rebuild theatres activity, with the status moving to green on November and December 23. The cumulative day case activity delivered during quarter 3 reflected 100.9% of the 2019/20 baseline activity target and the Trust maintained a Green status for day case for the quarter, even though the baseline target was uplifted to take account of the additional investments in this area for the first time. Overall the day case work showed an improvement in access, with fewer patients waiting than the previous quarter.

Referring to the Endoscopy Service Delivery Plan, Mrs Molloy advised that the number of endoscopies delivered during quarter 3 had substantially increased. She

said the cumulative activity delivered during quarter 3 reflected 99.2% of the cumulative 2019/20 baseline activity.

Mrs Molloy referred to the Service Delivery Plan utilisation and efficiency targets for theatres. She said the main focus was on day case/DPU work, which was 70.3% against the 80% target and that the Service was making efforts to improve this area, particularly in Omagh.

Moving to Cardiac Services Delivery Plan Mrs Molloy said the challenge for the Trust in meeting the targets was in respect of workforce. She advised that cumulative performance achieved in quarter 3 in respect of Echo was 84.8% of the SBA volume and Cath Lab procedures 88.6% of the 2019/20 baseline achieved.

Mrs Molloy referred to imaging and diagnostics access performance she advised that within imaging the waiting list continued to grow despite over performance against activity targets which indicated a demand issue which will require commissioning support.

Mrs Molloy then advised that the Trust's elective work had been supplemented by Waiting List Initiative work in-house and with the independent sector, with £10.8m invested in Q1-3, and that diagnostics and assessment of red flag referrals had been to focus of this investment. However she said this funding had ceased and the Trust only received waiting list funding for 2 weeks in January 24.

Mrs Molloy referred to unscheduled care and performance against the 12 hour target. She said deterioration on unscheduled care performance in December reflected the impact of winter pressures and unscheduled care remained one of the Trust's most challenged areas of service delivery. She said performance remained a key area of focus at the Trust's internal Unscheduled Care Board and externally at the Trust/SPPG Unscheduled Care Performance meetings. Mrs Molloy said the Trust was making good progress implementing the changes required under the No More Silos project, which are aimed at reducing congestion in both EDs, and therefore improving flow and performance.

Mrs Molloy referred to stroke services and said the targets relating to admission to our stroke units within 4 hours of arrival had not been met. She said performance achieved in Altnagelvin Hospital was 37.7% with performance in SWAH being 69.7. Mrs Molloy advised that this standard was being monitored by a specialist commissioner and was receiving a significant level of scrutiny.

Mrs Molloy advised that for the first time the Trust has been asked to monitor healthcare acquired infections in the Service Delivery Plan performance. She said strong performance had been maintained in 4 of the 5 HCAI targets during quarter 3 and that performance again antimicrobial consumption remained challenging with the target not being met in any quarter this year to date.

In concluding her report Mrs Molloy referred to community care and said services had performed extremely well over the quarter. She said there were issues in December 23 in respect of Allied Health Professional activity but she expected this outturn to improve. Mrs Molloy referred to domiciliary care and said the Trust had not achieved a reduction in unmet need hours at end of December 23, and again this was expected to improve in January 24, as it had been impacted by a downturn in placement of referrals by homecare providers as they focussed on maintaining existing services over the Christmas period, and an increase in staff sickness levels across homecare providers adversely impacting their ability to commence new referrals.

The Chair thanked Mrs Molloy for her informative paper and insightful analysis and said he found it very helpful given the scrutiny and detail available within it. He said he felt very reassured by the detailed analysis of performance that is undertaken across all the services delivered by the Trust.

2/24/19

**ANY OTHER BUSINESS**

There were no further items of business.

2/24/20

**DATE OF NEXT MEETING**

The next meeting of the Western Health and Social Care Trust Board will take place on Thursday, 7 March 2024, at 11 am in the Lecture Theatre, South West Acute Hospital, Enniskillen.

---

**Dr T Frawley CBE  
Chair  
7 March 2024**